

MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER BY AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
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AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL NO.					
TOTAL OFF.					
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